

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004213

FILED VS JAN 29 1960

2 625

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 13 Days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5527 Pershing Avenue, 12
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CATHERINE Middle _____ Last WEHMEYER			4. DATE OF DEATH Month January Day 18th , Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-1-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Lancaster, Wisconsin	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Herman Heiner		13b. MOTHER'S MAIDEN NAME Marie Schaefer		14. NAME OF HUSBAND OR WIFE Late William H. Wehmeyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes - up, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Dorothea Laumann, 1625 June Drive,		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonitis		INTERVAL BETWEEN ONSET AND DEATH 7 days
DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture proximal end right humerus		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell down flight of stairs at her home 1-5-60.
20c. TIME OF INJURY Hour _____ p.m.	Month, Day, Year 1-5-60	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 12 home	20f. CITY, TOWN, OR LOCATION COUNTY STATE 1625 June Drive, St. Louis Mo.
21. I attended the deceased from 1-6-60 , to 1-18-60 and last saw her alive on 1-17-60 . Death occurred at 2101 A. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) [Signature] M.D.	22b. ADDRESS 4222 N. Grand	22c. DATE SIGNED 1-18-60
23a. BURIAL, CREMATION OR REMOVAL (Specify) Burial	23b. DATE 1-21-60	23c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery
		23d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri

CALVIN F. FEITZ, 4828 Natural Bridge Blvd FUNERAL HOME, St. Louis, 15, Missouri	25. DATE RECD. BY LOCAL REG. JAN 19 1960	26. REGISTRAR'S SIGNATURE [Signature] M.D.
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211.9.13

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILE IN CITY

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard L. To...

Licensed Embalmer No. 4225

P.O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.